

Oregon Healthy Teens Survey 2004

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help school and communities develop ways to improve student health and safety in Oregon.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, unless the question specifically asks you to **"MARK ALL THAT APPLY."**

Some questions have the following format:

Please fill in the bubble for the ONE word that best describes how you feel about that sentence.

NO! no yes YES!

EXAMPLE:

The Portland Trailblazers are a good basketball team

Mark the Big **NO!** if you think the statement is **definitely NOT true** for you.

Mark the little **no** if you think the statement is **mostly NOT true** for you.

Mark the little **yes** if you think the statement is **mostly true** for you.

Mark the Big **YES!** if you think the statement is **definitely true** for you.

In the example above, the student marked "yes" because he or she thinks the statement is mostly true

Marking instructions:

Make solid marks that fill in the response bubbles. If you make a mistake, please erase your mistake, then fill in the correct response.



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For Office Use Only



Oregon Healthy Teens Survey 2004

1 **Are you?**
 Female Male

2 **What grade are you in?**
 6th
 7th
 8th
 9th

3 **How old are you?**
 10 or younger
 11
 12
 13
 14
 15
 16 or older

4 **Are you Hispanic or Latino?**
 Yes
 No

5 **Which one or more of the following would you say is your race group?**
(Select one or more responses)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

6 **How tall are you without your shoes on?**
Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Example

Height		Height	
Feet	Inches	Feet	Inches
5	1		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input checked="" type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 4	<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 5	<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 6	<input type="radio"/> 8	<input type="radio"/> 5
	<input type="radio"/> 7	<input type="radio"/> 9	<input type="radio"/> 6
	<input type="radio"/> 8	<input type="radio"/> 10	<input type="radio"/> 7
	<input type="radio"/> 9	<input type="radio"/> 11	<input type="radio"/> 8
	<input type="radio"/> 10		<input type="radio"/> 9
	<input type="radio"/> 11		<input type="radio"/> 10

7 **How much do you weigh without your shoes on?**
Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Example

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input checked="" type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

8 **Please tell us your zipcode.**

Zipcode			
9	7		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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HEALTH CARE ISSUES

- 9 When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not Sure
- 10 When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?
- During the past 12 months
 - Between 12 and 24 months ago
 - More than 24 months ago
 - Never
 - Not Sure

TOBACCO, ALCOHOL AND DRUGS

- 11 DURING THE PAST 30 DAYS, on how many days did you smoke cigarettes?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- 12 During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke cigarettes during the past 30 days
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
- 13 During the past 30 days, on how many days did you use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

- 14 During the past 30 days, on how many days did you smoke cigarettes on school property?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- 15 During the past 30 days, on how many days did you use chewing tobacco, snuff or dip on school property?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- 16 On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the past 30 days?
- 0 occasions
 - 1-2 occasions
 - 3-5 occasions
 - 6-9 occasions
 - 10 or more occasions
- 17 During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- 18 During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

19 During the past 30 days, on how many day you have at least one drink of alcohol at a party?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

21 During the past 30 days, how many times did you use marijuana on school property?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

20 During the past 30 days, how many times did you use marijuana ?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

22 DURING THE PAST 30 DAYS, on how many occasions (if any) have you:

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10 or more occasions
a. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>				
b. used prescription drugs (without a doctor's orders) to get high?	<input type="radio"/>				
c. used stimulants (amphetamines, meth, crystal, speed, crank)?	<input type="radio"/>				
d. used cocaine or "crack" cocaine?	<input type="radio"/>				
e. used heroin or other opiates or narcotics?	<input type="radio"/>				
f. used Ecstasy, or MDMA?	<input type="radio"/>				

QUESTIONS ABOUT AGE OF FIRST USE AND FUTURE INTENTIONS:

23 How old were you when you first:

	Never have	8 or younger	9	10	11	12	13	14	15 or older
a. smoked a whole cigarette?	<input type="radio"/>								
b. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>								
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>								
d. tried marijuana or hashish for the first time?	<input type="radio"/>								
e. tried to sniff or inhale gases, sprays, or glue in order to get high?	<input type="radio"/>								
f. got suspended from school?	<input type="radio"/>								
g. got arrested?	<input type="radio"/>								
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>								
i. carried a handgun?	<input type="radio"/>								

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24 Sometimes we don't know what we will do as adults, but we may have an idea. Please tell us how true these statements may be for you as an adult:

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. When I am an adult, I will smoke cigarettes.
- b. When I am an adult, I will drink beer, wine, or liquor.
- c. When I am an adult, I will smoke marijuana.

QUESTIONS ABOUT PERSONAL BELIEFS

25 Please indicate how true or false the following statements are:

a. I do the opposite of what people tell me, just to get them mad

- Very false
- Somewhat false
- Somewhat true
- Very true

b. I ignore rules that get in my way

- Very false
- Somewhat false
- Somewhat true
- Very true

c. I like to see how much I can get away with

- Very false
- Somewhat false
- Somewhat true
- Very true

26 How often have you done the following things?

a. Done crazy things even if they are a little dangerous

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2 or 3 times a month
- Once a week or more

b. Done something dangerous because someone dared you to do it

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2 or 3 times a month
- Once a week or more

c. Done what feels good no matter what

- Never
- I've done it but not in the past year
- Less than once a month
- About once a month
- 2 or 3 times a month
- Once a week or more

27 Choose the answer that best describes how you feel about the statements below:

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. I think it is okay to take something without asking if you can get away with it
- b. I think sometimes it's okay to cheat at school
- c. It is all right to beat up people if they start the fight
- d. It is important to be honest with your parents, even if they become upset or you get punished

28 How wrong do you think it is for someone your age to:

Very wrong	Wrong	A little bit wrong	Not wrong at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. smoke cigarettes?
- b. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- c. smoke marijuana?
- d. use LSD, cocaine, amphetamines, or another illegal drug?
- e. take a handgun to school?
- f. steal anything worth more than \$10?
- g. pick a fight with someone?
- h. attack someone with the idea of seriously hurting them?
- i. stay away from school all day when their parents think they are at school?

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29 What are the chances you would be seen as cool if you:

- a. smoked cigarettes?**
- No or Very Little Chance
 - Little Chance
 - Some Chance
 - Pretty Good Chance
 - Very Good Chance

- b. began drinking alcoholic beverages regularly, that is, at least once or twice a month?**
- No or Very Little Chance
 - Little Chance
 - Some Chance
 - Pretty Good Chance
 - Very Good Chance

- c. smoked marijuana?**
- No or Very Little Chance
 - Little Chance
 - Some Chance
 - Pretty Good Chance
 - Very Good Chance

- d. carried a handgun?**
- No or Very Little Chance
 - Little Chance
 - Some Chance
 - Pretty Good Chance
 - Very Good Chance

- 30 If one of your best friends were to offer you a cigarette, would you smoke it?**
- Definitely not
 - Probably not
 - Probably would
 - Definitely would

31 How much do think people risk harming themselves (physically or in other ways) if they:

- a. smoke one or more packs of cigarettes per day?**
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

- b. try marijuana once or twice?**
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

- c. smoke marijuana regularly?**
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

- d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?**
- No risk
 - Slight risk
 - Moderate risk
 - Great risk

QUESTIONS ABOUT YOUR PEERS

32 Think of your four best friends (the friends you feel closest to). IN THE PAST 12 MONTHS how many of your best friends have:

	None	1	2	3	4
a. smoked cigarettes?	<input type="radio"/>				
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>				
c. used marijuana?	<input type="radio"/>				
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
e. carried a handgun?	<input type="radio"/>				
f. been members of a gang?	<input type="radio"/>				
g. dropped out of school?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. sold illegal drugs?	<input type="radio"/>				
j. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
k. been arrested?	<input type="radio"/>				
l. participated in clubs, organizations, or activities at school?	<input type="radio"/>				
m. made a commitment to stay drug-free?	<input type="radio"/>				
n. tried to do well in school?	<input type="radio"/>				
o. liked school?	<input type="radio"/>				
p. regularly attended religious services?	<input type="radio"/>				

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QUESTIONS ABOUT MOOD

33 DURING THE PAST 30 DAYS, how much of the time have you:

a. been a very nervous person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

b. felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

c. felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

d. been a happy person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

e. felt so down in the dumps that nothing could cheer you up?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

34 DURING THE PAST 12 MONTHS, did you ever seriously consider attempting suicide?

- Yes
- No

35 During the past 12 months, how many times did you actually attempt suicide?

- 0 time
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

36 If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- Yes
- No
- I did not attempt suicide in the past 12 months

QUESTIONS ABOUT HARMFUL BEHAVIOR

37 How many times IN THE PAST 12 MONTHS have you:

	0 times	1 or 2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40 + times
a. been in a physical fight?	<input type="radio"/>							
b. gambled (e.g., bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?	<input type="radio"/>							
c. carried a handgun?	<input type="radio"/>							
d. sold illegal drugs?	<input type="radio"/>							
e. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
f. been arrested?	<input type="radio"/>							
g. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
h. been drunk or high AT SCHOOL?	<input type="radio"/>							
i. taken a handgun TO SCHOOL?	<input type="radio"/>							
j. been suspended FROM SCHOOL?	<input type="radio"/>							

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38 **DURING THE PAST 30 DAYS, on how many days did you:**

a. carry a weapon (other than a gun) such as a knife or club on school property?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

b. carry a gun as a weapon on school property?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

39 If you wanted to get a handgun, how easy would it be for you to get one?

- Very easy
- Sort of easy
- Sort of hard
- Very hard

The next questions are about gangs:

40 Have you ever belonged to a gang?

- Yes
- No

41 If you have ever belonged to a gang, did that gang have a name?

- Never belonged to a gang
- Yes
- No

42 How old were you when you first belonged to a gang?

- Never belonged to a gang
- 10 or younger
- 11
- 12
- 13
- 14
- 15 (or older)

QUESTIONS ABOUT COMMUNITY

43 How many times IN THE PAST 12 MONTHS have you volunteered to do community service?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

44 Are the following activities for people your age available in your community?

	Yes	No
a. Sports teams	<input type="radio"/>	<input type="radio"/>
b. Scouting	<input type="radio"/>	<input type="radio"/>
c. Boys and girls clubs	<input type="radio"/>	<input type="radio"/>
d. 4-H clubs	<input type="radio"/>	<input type="radio"/>
e. Service clubs	<input type="radio"/>	<input type="radio"/>

45 How wrong would most adults in your neighborhood think it was for kids your age:

a. to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

b. to drink alcohol?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

c. to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

46 Please mark how true each of the following statements is in describing your neighborhood:

	NO!	no	yes	YES!
a. There is a lot of crime and/or drug selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are many physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are lots of empty or abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a lot of graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I'd like to get out of my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I like my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. If I had to move, I would miss the neighborhood I now live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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47 Have you changed homes in the past year?

- Yes
- No

48 How many times have you changed homes since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

49 Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- Yes
- No

50 How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 or more times

QUESTIONS ABOUT ACCESS TO ALCOHOL AND OTHER DRUGS

51 DURING THE PAST 30 DAYS, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following sources:

	None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
a. Grocery stores	<input type="radio"/>							
b. Convenience stores (such as 7-Eleven) or drug stores	<input type="radio"/>							
c. Gas stations	<input type="radio"/>							
d. Friend older than 21	<input type="radio"/>							
e. Friends under 21	<input type="radio"/>							
f. Took from home without permission	<input type="radio"/>							
g. A parent	<input type="radio"/>							
h. A brother or sister	<input type="radio"/>							
i. Through the Internet	<input type="radio"/>							
j. By asking a stranger to buy it for me	<input type="radio"/>							
k. Liquor store	<input type="radio"/>							
l. Bar/Night Club or Restaurant	<input type="radio"/>							

52 If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

Very easy	Sort of easy	Sort of hard	Very hard
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53 If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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54 If you wanted to get some marijuana, how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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55 If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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QUESTIONS ABOUT SCHOOL

- 56 Putting them all together, what were your grades like last year?**
- Mostly A's
 - Mostly B's
 - Mostly C's
 - Mostly D's
 - Mostly F's
 - None of those grades
 - Not sure

- 57 Are your grades better than the grades of most students in your class?**
- NO! no yes YES!

- 58 How often do you feel that the school work you are assigned is meaningful and important?**
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost Always

- 59 How interesting are most courses to you?**
- Very interesting & stimulating
 - Quite interesting
 - Fairly interesting
 - Slightly dull
 - Very dull

- 60 How important do you think the things you are learning in school are going to be for your later life?**
- Very important
 - Quite important
 - Fairly important
 - Slightly important
 - Not important at all

61 Now, thinking back over the past year in school, how often did you:

- a. enjoy being in school?**
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost Always

- b. hate being in school?**
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost Always

- c. try to do your best work in school?**
- Never
 - Seldom
 - Sometimes
 - Often
 - Almost Always

62 How many times IN THE PAST 12 MONTHS have you participated in clubs, organizations, or activities at school?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

63 DURING THE PAST 4 WEEKS, how many whole school days have you missed because you skipped or "cut"?

- Never
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more days

64 Choose the answer that best describes how you feel about the statements below:

	NO!	no	yes	YES!
a. In my school, students have lots of chances to help decide things like class activities and rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are lots of chances for students in my school to talk with a teacher one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers ask me to work on special classroom projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have lots of chances to be part of class discussions or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My teachers notice when I am doing a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The school lets my parents know when I have done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary

QUESTIONS ABOUT FAMILY AND OTHER COMMUNITY INFLUENCES

65 *About how many adults (people over 21) have you known personally who in the past year have:*

a. used marijuana, crack, cocaine, or other drugs?

- None
- 1 adult
- 2 adults
- 3 or 4 adults
- 5 or more adults

b. sold or dealt drugs?

- None
- 1 adult
- 2 adults
- 3 or 4 adults
- 5 or more adults

c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?

- None
- 1 adult
- 2 adults
- 3 or 4 adults
- 5 or more adults

d. gotten drunk or high?

- None
- 1 adult
- 2 adults
- 3 or 4 adults
- 5 or more adults

66 *Has anyone in your family ever had a severe alcohol or drug problem?*

- Yes
- No

67 *How wrong do your parents feel it would be for you to:*

a. drink beer, wine, or liquor (for example, vodka, whiskey, or gin) regularly?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

b. smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

c. smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

d. steal anything worth more than \$10?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

e. draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

f. pick a fight with someone?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

68 *Have any of your siblings (brothers, sisters, step-brothers, step-sisters) ever:*

- a.** drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- b.** smoked cigarettes?
- c.** smoked marijuana?
- d.** taken a handgun to school?
- e.** been suspended or expelled from school?

	Yes	No	I don't have any brothers or sisters
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary

69 Please mark how you feel about your family relationships:

- a. People in my family often insult or yell at each other
- b. People in my family have serious arguments
- c. We argue about the same things in my family over and over

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70 Please mark how you feel about each statement about your parent(s):

- a. My parents ask if I've gotten my homework done
- b. Would your parents know if you did not come home on time?
- c. When I am not at home, one of my parents knows where I am and who I am with
- d. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parent's permission, would you be caught by your parents?
- e. The rules in my family are clear
- f. My family has clear rules about alcohol and drug use
- g. If you skipped school, would you be caught by your parents?
- h. If you carried a handgun without your parents' permission, would you be caught by your parents?
- i. In my home, there is a parent or some other adult who always wants me to do my best
- j. In my home, there is a parent or some other adult who talks with me about my problems

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next statements are about what might occur outside your school or home, such as in your Neighborhood, Community or with an Adult other than your parents or guardian.

71 Outside of my home and school, there is an adult...

- a. who tells me when I do a good job.
 - Not at all true
 - A little true
 - Pretty much true
 - Very much true
- b. who always wants me to do my best.
 - Not at all true
 - A little true
 - Pretty much true
 - Very much true

QUESTIONS ABOUT NUTRITION

The next questions ask about food you ate or drank during the PAST 7 DAYS. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

72 During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

73 During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Your participation in this survey is voluntary

QUESTIONS ABOUT PHYSICAL ACTIVITY

74 During the past 7 days, how many times did you eat green salad?

- I did not eat salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

75 During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

76 During the past 7 days, how many times did you eat carrots?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

77 During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 times per day
- 2 times per day
- 3 times per day
- 4 or more times per day

78 In the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2-4 days
- 5-6 days
- 7 days

79 On how many of the PAST 7 DAYS did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

80 On how many of the PAST 7 DAYS did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Your participation in this survey is voluntary

QUESTIONS ABOUT SEXUAL BEHAVIOR

81 Have you ever had sexual intercourse?

- Yes
- No

82 How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years or older

83 DURING THE PAST 3 MONTHS, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

84 Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

85 The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

QUESTIONS ABOUT HARASSMENT AND THREATS

86 IN THE PAST 30 DAYS, how many times did a student call you names, swear at you, or say mean things to you?

- 0 times
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20 or more times

87 During the past 30 days, how many days did you not go to school because you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

The next question asks about harassment at school. Harassment can include threatening, bullying, name calling or obscenities; offensive notes or graffiti; unwanted touching; and physical attacks.

88 DURING THE PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues? (MARK ALL THAT APPLY)

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons
- I have not been harassed

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89 IN THE PAST 12 MONTHS, how many times:

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10-11 times	12 or more times
a. has someone threatened you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?	<input type="radio"/>							
b. has someone injured you with a weapon ON SCHOOL PROPERTY?	<input type="radio"/>							
c. were you in a physical fight ON SCHOOL PROPERTY?	<input type="radio"/>							
d. has someone taken money or things directly from you by using force, a weapon or threats IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>							
e. has someone deliberately damaged your property (such as clothing, books, or other property) IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>							

QUESTIONS ABOUT ASTHMA

90 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

- Never had asthma
- Yes
- No
- Not sure

91 Has a doctor, nurse or other health professional ever told you that you have Asthma?

- Yes
- No
- Not sure

92 Do you still have asthma?

- I have never had asthma
- Yes, I still have asthma
- No, I no longer have asthma
- Don't know/not sure

93 DURING THE PAST 30 DAYS how many days of school did you miss because of your asthma?

- I don't have asthma
- None
- One day
- Two or three days
- Four to six days
- Seven or more days
- Don't know/not sure

94 During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?

- I don't have asthma
- None
- One night
- Two or three nights
- Four to six nights
- Seven or more nights
- Don't know/not sure

Your participation in this survey is voluntary

QUESTIONS ABOUT TOBACCO AND SCHOOL POLICIES

95 Is there a rule against tobacco in your school?

- There is no rule
- There is a rule, but it isn't enforced
- There is a rule and it is sometimes enforced
- There is a rule and it is strictly enforced

96 DURING THE PAST 12 MONTHS, have you seen teachers or staff smoke on school property?

- Yes
- No

QUESTIONS ABOUT GENERAL SAFETY

97 When you rode a bicycle during the PAST 12 MONTHS, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

98 How often do you wear a seat belt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

99 For these next statements, mark how true you feel each is for you:

<i>Not at All True</i>	<i>A Little True</i>	<i>Pretty Much True</i>	<i>Very Much True</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. I can say no to activities that I think are wrong
- b. I can work out my problems
- c. At school, I help decide things like class activities or rules
- d. I am part of clubs, sports teams, church/temple or other group activities away from school
- e. I try to understand how other people feel/think
- f. I help make decisions with my family
- g. I work to make my community a better place

Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard. **Fill in the corresponding answers to those questions here:**

1. (A B C D E F G H)

6. (A B C D E F J H)

11. (A B C D E F J H)

2. (A B C D E F J H)

7. (A B C D E F J H)

12. (A B C D E F J H)

3. (A B C D E F J H)

8. (A B C D E F J H)

13. (A B C D E F J H)

4. (A B C D E F J H)

9. (A B C D E F J H)

14. (A B C D E F J H)

5. (A B C D E F J H)

10. (A B C D E F J H)

15. (A B C D E F J H)

Your participation in this survey is voluntary

Oregon Healthy Teens Survey 2004

This survey was developed to learn about risks to students' health and safety. The information you provide will be used to help school and communities develop ways to improve student health and safety in Oregon.

DO NOT WRITE YOUR NAME ON THIS SURVEY.

The answers you give will be kept private. No one will know how you answer.

This is **NOT** a test. There are no right or wrong answers, and your participation in this survey is **VOLUNTARY**. If you are not comfortable answering a question, you can leave it blank.

Please **do** answer each question you are comfortable with answering. Just because a question is asked, that **does not** mean that we believe you have engaged in a particular behavior. Each question has a response to indicate if you **did not** engage in that behavior. If you don't always find an answer that fits exactly, use the one that comes closest. If you are not sure what a question means, just leave it blank.

Please fill in only **ONE** bubble or answer, unless the question specifically asks you to **"MARK ALL THAT APPLY."**

Some questions have the following format:

Please fill in the bubble for the ONE word that best describes how you feel about that sentence.

NO! no yes YES!

EXAMPLE:

The Portland Trailblazers are a good basketball team

Mark the Big **NO!** if you think the statement is **definitely NOT true** for you.

Mark the little **no** if you think the statement is **mostly NOT true** for you.

Mark the little **yes** if you think the statement is **mostly true** for you.

Mark the Big **YES!** if you think the statement is **definitely true** for you.

In the example above, the student marked "yes" because he or she thinks the statement is mostly true

Marking instructions:

Make solid marks that fill in the response bubbles. If you make a mistake, please erase your mistake, then fill in the correct response.



Your participation in this survey is voluntary

For Office Use Only



1 Are you?
 Female Male

2 What grade are you in?
 6th
 7th
 8th
 9th

3 How old are you?
 10 or younger
 11
 12
 13
 14
 15
 16 or older

4 Are you Hispanic or Latino?
 Yes
 No

5 Which one or more of the following would you say is your race group?
(Select one or more responses)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

6 How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching circle below each number.

Example

Height		Height	
Feet	Inches	Feet	Inches
5	1		
<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input checked="" type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/> 5	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 3
	<input type="radio"/> 4		<input type="radio"/> 4
	<input type="radio"/> 5		<input type="radio"/> 5
	<input type="radio"/> 6		<input type="radio"/> 6
	<input type="radio"/> 7		<input type="radio"/> 7
	<input type="radio"/> 8		<input type="radio"/> 8
	<input type="radio"/> 9		<input type="radio"/> 9
	<input type="radio"/> 10		<input type="radio"/> 10
	<input type="radio"/> 11		<input type="radio"/> 11

7 How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching circle below each number.

Example

Weight			Weight		
Pounds			Pounds		
0	9	5			
<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input checked="" type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8		<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input type="radio"/> 9		<input type="radio"/> 9	<input type="radio"/> 9

8 Please tell us your zipcode.

Zipcode					
9	7				
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0		
	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		
	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7		
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8		
<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9		

HEALTH CARE ISSUES

9 When did you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not Sure

10 DURING THE PAST 12 MONTHS, where did you usually go to meet your health care needs? (Choose only one.)

- Emergency room
- Family doctor
- County or community health clinic
- School-based health center
- Other place not listed
- I needed care, but didn't see anyone
- I did not need care during the past 12 months

11 During the past 12 months, did you HAVE any of the following health care needs? (Count any situation where you thought you should see a doctor, nurse, or other health professional. MARK ALL THAT APPLY)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- I had no health care needs

12 During the past 12 months, did you have any of the following health care needs that were NOT MET? (Count any situation when you didn't see a doctor, nurse, or other health professional, even though you wanted to or thought you should. MARK ALL THAT APPLY)

- Check-up or sports physical
- Injury or accident
- Illness
- Immunization/Vaccination
- Alcohol or other drug problem counseling
- Personal or emotional problem counseling
- Other need not listed here
- I had no health care needs

13 When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Never
- Not Sure

14 Have you ever had a cavity that you know of?

- Yes
- No

15 Did you brush your teeth in the past 24 hours?

- Yes
- No

TOBACCO, ALCOHOL AND DRUGS

16 DURING THE PAST 30 DAYS, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

17 During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

18 During the past 30 days, on how many days did you use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

19 During the past 30 days, on how many days did you smoke cigarettes on school property?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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20 During the past 30 days, on how many days did you use chewing tobacco, snuff or dip on school property?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

21 During the past 12 months, did you do any of the following to quit using tobacco?

MARK ALL THAT APPLY

- I did not use tobacco during the past 12 months
- I did not try to quit using tobacco in the past 12 months
- Went to a special group or class at my school for students who want to quit using tobacco
- Talked to an adult at my school about how to quit using tobacco
- Talked to a peer helper at my school about how to quit using tobacco
- Went to a special group or class outside of school for people who want to quit using tobacco
- Tried to quit on my own
- Tried some other way to quit using tobacco

22 On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the past 30 days?

- 0 occasions
- 1-2 occasions
- 3-5 occasions
- 6-9 occasions
- 10 or more occasions

23 During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

24 During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

25 During the past 30 days, on how many days did you have at least one drink of alcohol at a party?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

26 During the past 30 days, how many times did you use marijuana ?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

27 During the past 30 days, how many times did you use marijuana on school property?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

28 DURING THE PAST 30 DAYS, on how many occasions (if any) have you:

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10 or more occasions
a. sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="radio"/>				
b. used prescription drugs (without a doctor's orders) to get high?	<input type="radio"/>				
c. used stimulants (amphetamines, meth, crystal, speed, crank)?	<input type="radio"/>				
d. used cocaine or "crack" cocaine?	<input type="radio"/>				
e. used heroin or other opiates or narcotics?	<input type="radio"/>				
f. used Ecstasy, or MDMA?	<input type="radio"/>				
g. used LSD or other hallucinogens or psychedelics?	<input type="radio"/>				

Your participation in this survey is voluntary

QUESTIONS ABOUT AGE OF FIRST USE AND FUTURE INTENTIONS:

29 How old were you when you first:

	Never have	8 or younger	9	10	11	12	13	14	15 or older
a. smoked a whole cigarette?	<input type="radio"/>								
b. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>								
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>								
d. tried marijuana or hashish for the first time?	<input type="radio"/>								
e. tried to sniff or inhale gases, sprays, or glue in order to get high?	<input type="radio"/>								
f. got suspended from school?	<input type="radio"/>								
g. got arrested?	<input type="radio"/>								
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>								
i. carried a handgun?	<input type="radio"/>								

QUESTIONS ABOUT NUTRITION

30 During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I did not drink 100% fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

31 During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

32 During the past 7 days, how many times did you eat **green salad**?

- I did not eat salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

33 During the past 7 days, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)

- I did not eat potatoes during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

34 During the past 7 days, how many times did you eat **carrots**?

- I did not eat carrots during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

35 During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- I did not eat other vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

36 In the past 7 days, on how many days did you eat **breakfast**?

- 0 days
- 1 day
- 2-4 days
- 5-6 days
- 7 days

Your participation in this survey is voluntary

QUESTIONS ABOUT PHYSICAL ACTIVITY

37 On how many of the PAST 7 DAYS did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

38 On how many of the PAST 7 DAYS did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn more or mopping floors?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

QUESTIONS ABOUT HEALTH CONDITIONS

39 Are you limited in any way in any activities because of any physical, mental or emotional condition?

- Yes
- No

40 Is your condition: **MARK ALL THAT APPLY**

- Physical
- Learning
- Emotional
- Not sure
- Do not have a condition

41 Do you now have any condition that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- Yes
- No

42 Because of a physical, learning or emotional condition that you have had for at least a year do you: **MARK ALL THAT APPLY**

- have any limitations attending school or in your ability to do regular schoolwork?
- have difficulty in doing regular household chores, shopping or errands?
- have limitations in doing strenuous activities/sports?
- have difficulty with personal care...
- I do not have a physical, learning or emotional condition

43 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

- Never had asthma
- Yes
- No
- Not sure

44 Has a doctor, nurse or other health professional ever told you that you have Asthma?

- Yes
- No
- Not sure

45 Do you still have asthma?

- I have never had asthma
- Yes, I still have asthma
- No, I no longer have asthma
- Don't know/not sure

46 DURING THE PAST 30 DAYS, how many days of school did you miss because of your asthma?

- I don't have asthma
- None
- One day
- Two or three days
- Four to six days
- Seven or more days
- Don't know/not sure

47 During the past 30 days, how many nights did symptoms of asthma make it difficult for you to stay asleep?

- I don't have asthma
- None
- One night
- Two or three nights
- Four to six nights
- Seven or more nights
- Don't know/not sure

QUESTIONS ABOUT SEXUAL BEHAVIOR

48 Have you ever had sexual intercourse?

- Yes
- No

49 How old were you when you had sexual intercourse for the first time?

- I have never had sexual intercourse
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years or older

50 DURING THE PAST 3 MONTHS, with how many people did you have sexual intercourse?

- I have never had sexual intercourse
- I have had sexual intercourse, but not during the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

51 Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- I have never had sexual intercourse
- Yes
- No

52 The last time you had sexual intercourse, did you or your partner use a condom?

- I have never had sexual intercourse
- Yes
- No

53 The last time you had sexual intercourse, what **ONE method did you or your partner use to prevent pregnancy?**

- I have never had sexual intercourse
- No method was used to prevent pregnancy
- Birth control pills
- Condoms
- Depo Provera (birth control shot)
- Withdrawal
- Some other method
- Not sure

54 DURING THE PAST 12 MONTHS have you ever been taught about AIDS or HIV infection in school?

- Yes
- No
- Not Sure

QUESTIONS ABOUT HARASSMENT AND THREATS

The next question asks about harassment at school. Harassment can include threatening, bullying, name calling or obscenities; offensive notes or graffiti; unwanted touching, and and physical attacks.

55 DURING THE PAST 12 MONTHS, have you ever been harassed at school (or on the way to or from school) in relation to any of the following issues?

MARK ALL THE APPLY

- Harassment about your race or ethnic origin
- Unwanted sexual comments or attention
- Harassment because someone thought you were gay, lesbian or bisexual
- Harassment about your weight, clothes, acne, or other physical characteristics
- Harassment about your group of friends
- Other reasons
- I have not been harassed

56 During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

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57 IN THE PAST 12 MONTHS, how many times:

	0 times	1 time	2 or 3 times	4 or 5 times	6 or 7 times	8 or 9 times	10-11 times	12 or more times
a. has someone threatened you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?	<input type="radio"/>							
b. has someone injured you with a weapon ON SCHOOL PROPERTY?	<input type="radio"/>							
c. were you in a physical fight ON SCHOOL PROPERTY?	<input type="radio"/>							
d. has someone taken money or things directly from you by using force, a weapon or threats IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>							
e. has someone deliberately damaged your property (such as clothing, books, or other property) IN SCHOOL or ON SCHOOL PROPERTY?	<input type="radio"/>							

QUESTIONS ABOUT HARMFUL BEHAVIOR

58 How many times IN THE PAST 12 MONTHS have you:

	0 times	1 or 2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40 + times
a. been in a physical fight?	<input type="radio"/>							
b. gambled (e.g., bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?	<input type="radio"/>							
c. carried a handgun?	<input type="radio"/>							
d. sold illegal drugs?	<input type="radio"/>							
e. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>							
f. been arrested?	<input type="radio"/>							
g. attacked someone with the idea of seriously hurting them?	<input type="radio"/>							
h. been drunk or high AT SCHOOL?	<input type="radio"/>							
i. taken a handgun TO SCHOOL?	<input type="radio"/>							
j. been suspended FROM SCHOOL?	<input type="radio"/>							

QUESTIONS ABOUT YOUR PEERS

59 Think of your four best friends (the friends you feel closest to). IN THE PAST 12 MONTHS how many of your best friends have:

	None	1	2	3	4
a. smoked cigarettes?	<input type="radio"/>				
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>				
c. used marijuana?	<input type="radio"/>				
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
e. carried a handgun?	<input type="radio"/>				
f. been members of a gang?	<input type="radio"/>				
g. dropped out of school?	<input type="radio"/>				
h. been suspended from school?	<input type="radio"/>				
i. sold illegal drugs?	<input type="radio"/>				
j. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
k. been arrested?	<input type="radio"/>				

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QUESTIONS ABOUT MOOD

60 DURING THE PAST 30 DAYS, how much of the time have you:

	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
a. been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61 Fill in the one circle for each statement, which best describes how often you felt this way DURING THE PAST WEEK.

	<i>0 days</i>	<i>1-2 days</i>	<i>3-4 days</i>	<i>5-7 days</i>
a. I did not feel like eating; my appetite was poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I could not get going; I had low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62 DURING THE PAST 12 MONTHS, did you ever seriously consider attempting suicide?

- Yes
- No

63 During the past 12 months, how many times did you actually attempt suicide?

- 0 time
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

64 If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- Yes
- No
- I did not attempt suicide in the past 12 months

QUESTIONS ABOUT UNWANTED PHYSICAL BEHAVIOR

65 DURING THE PAST 12 MONTHS, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- Yes
- No

66 Have you ever been forced to have sexual intercourse when you did not want to?

- Yes
- No

67 DURING YOUR LIFE, has any adult ever intentionally hit or physically hurt you?

- Yes
- No

68 During your life, has any adult ever had sexual contact with you?

- Yes
- No

QUESTIONS ABOUT GENERAL SAFETY

69 When you rode a bicycle during the PAST 12 MONTHS, how often did you wear a helmet?

- I did not ride a bicycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

70 How often do you wear a seat belt when riding in a car driven by someone else?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

Your participation in this survey is voluntary

QUESTIONS ABOUT SAFETY AND HARMFUL BEHAVIOR

The next questions are about gangs:

71 Have you ever belonged to a gang?

- Yes
- No

72 If you have ever belonged to a gang, did that gang have a name?

- Never belonged to a gang
- Yes
- No

73 How old were you when you first belonged to a gang?

- Never belonged to a gang
- 10 or younger
- 11
- 12
- 13
- 14
- 15(or older)

74 DURING THE PAST 30 DAYS, on how many days did you:

0 days	1 day	2-3 days	4-5 days	6 or more days
↓	↓	↓	↓	↓
<input type="radio"/>				
<input type="radio"/>				

- a. carry a weapon (other than a gun) such as a knife or club ON SCHOOL PROPERTY?
- b. carry a gun as a weapon ON SCHOOL PROPERTY?

75 If you wanted to get a handgun, how easy would it be for you to get one?

- Very easy
- Sort of easy
- Sort of hard
- Very hard

76 Does someone living in your house (other than you) smoke cigarettes?

- Nobody smokes
- Someone smokes, but not inside the house
- Someone smokes inside the house

77 DURING THE PAST 12 MONTHS, how often have your parent(s) talked to you about not smoking cigarettes or using chewing tobacco?

- Very often
- Fairly often
- Sometimes
- Almost Never
- Never

78 Is there a rule against tobacco in your school?

- There is no rule
- There is a rule, but it isn't enforced
- There is a rule and it is sometimes enforced
- There is a rule and it is strictly enforced

79 DURING THE PAST 12 MONTHS, have you seen teachers or staff smoke on school property?

- Yes
- No

80 DURING THE PAST 12 MONTHS:

Very often	A few times	Once	Never
↓	↓	↓	↓
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. Did you have any SCHOOL LESSONS about tobacco use?
- b. When you had lessons, how often did you PRACTICE different ways to say "no" to tobacco offers during any class at school (for example, in role plays)?
- c. Did a student from middle or high school come to your class to talk about tobacco use?
- d. Did a GUEST SPEAKER (for example, a nurse or someone from your community) talk to your class about tobacco use?
- e. Did you discuss the REASON WHY PEOPLE YOUR AGE SMOKE during any of your classes?
- f. Did you discuss HOW MANY PEOPLE YOUR AGE SMOKE during any of your classes?
- g. Did you discuss the EFFECTS OF CIGARETTE SMOKING ON YOUR BODY during any of your classes?
- h. Did you discuss the EFFECTS SECOND HAND SMOKE during any of your classes?

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81 If at least one of your parents knew that you had used tobacco, how likely is it that they would discipline you in some way?

- Not at all likely
- Only slightly likely
- Somewhat likely
- Quite likely
- Very likely

82 If one of your best friends were to offer you a cigarette, would you smoke it?

- Definitely not
- Probably not
- Probably would
- Definitely would

83 At any time during the next year, do you think you will smoke a cigarette?

- Definitely not
- Probably not
- Probably would
- Definitely would

84 Do you want to completely stop smoking cigarettes?

- Yes
- No
- I do not smoke now

85 DURING THE PAST 30 DAYS, how often have you seen or heard any information against using tobacco from any of the following sources:

- a. Your parents
- b. Your friends
- c. Your school
- d. TV show, news story, or commercial
- e. Newspaper article or advertisement
- f. Magazine article or advertisement
- g. Radio news story or advertisement
- h. Movie
- i. Billboard
- j. Internet/World Wide Web
- k. An event in your town or city
- l. Boy or Girl Scouts or a club

	Very often	Fairly often	Some times	Almost never	Never
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

QUESTIONS ABOUT ACCESS TO TOBACCO AND ALCOHOL

86 DURING THE PAST 30 DAYS, how many times did you get tobacco (cigarettes, chew, snuff, dip, or cigars) from each of the following sources:

- a. Grocery stores
- b. Vending machines
- c. Convenience stores (such as 7-Eleven)
- d. Drug stores
- e. Gas stations
- f. Friends older than 18
- g. Friends under 18
- h. Took from home without permission
- i. A parent
- j. A brother or sister
- k. Through the Internet
- l. People selling tobacco on the street

	None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								
<input type="radio"/>								

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87 DURING THE PAST 30 DAYS, how many times did you get alcohol (beer, wine, or hard liquor) from each of the following sources:

	None	1 time	2 times	3 times	4 times	5-9 times	10-14 times	15 or more times
a. Grocery stores	<input type="radio"/>							
b. Convenience stores (such as 7-Eleven) or drug stores	<input type="radio"/>							
c. Gas stations	<input type="radio"/>							
d. Friend older than 21	<input type="radio"/>							
e. Friends under 21	<input type="radio"/>							
f. Took from home without permission	<input type="radio"/>							
g. A parent	<input type="radio"/>							
h. A brother or sister	<input type="radio"/>							
i. Through the Internet	<input type="radio"/>							
j. By asking a stranger to buy it for me	<input type="radio"/>							
k. Liquor store	<input type="radio"/>							
l. Bar/Night Club or Restaurant	<input type="radio"/>							

88 If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

Very easy	Sort of easy	Sort of hard	Very hard
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89 If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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90 If you wanted to get some marijuana, how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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91 If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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92 How much do you think people risk harming themselves (physically or in other ways) if they:

a. Smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

b. Try marijuana once or twice?

- No risk
- Slight risk
- Moderate risk
- Great risk

c. Smoke marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No risk
- Slight risk
- Moderate risk
- Great risk

QUESTIONS ABOUT FAMILY INFLUENCES

93 When I am not at home, one of my parents knows where I am and whom I am with.
 NO! no yes YES!

94 In my home, there is a parent or some other adult who always wants me to do my best.
 Not at All True
 A Little True
 Pretty Much True
 Very Much True

95 In my home, there is a parent or some other adult who talks with me about my problems.
 Not at All True
 A Little True
 Pretty Much True
 Very Much True

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96 For these next statements, mark how true you feel each is for you:

	Not at All True	A Little True	Pretty Much True	Very Much True
a. I can say no to activities that I think are wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can work out my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At school, I help decide things like class activities or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am part of clubs, sports teams, church/temple or other group activities away from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I try to understand how other people feel/think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I help make decisions with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I work to make my community a better place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I can do most things if I try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I feel bad when someone gets their feelings hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97 How wrong do you think it is for someone your age to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use LSD, cocaine, amphetamines, or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Steal anything worth more than \$10?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98 Choose the answer that best describes how you feel about the statements below:

	NO!	no	yes	YES!
a. I think it is okay to take something without asking if you can get away with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think sometimes it's okay to cheat at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is all right to beat up people if they start the fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is important to be honest with your parents, even if they become upset or you get punished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99 How many times IN THE PAST 12 MONTHS have you participated in clubs, organizations, or activities at school?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

100 How many times IN THE PAST 12 MONTHS have you volunteered to do community service?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 29 times
- 30 to 39 times
- 40 or more times

QUESTIONS ABOUT SCHOOL

101 Putting them all together, what were your grades like last year?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of those grades
- Not sure

102 Are your grades better than the grades of most students in your class?

- NO! no yes YES!

103 How often do you feel that the school work you are assigned is meaningful and important?

- Never
- Seldom
- Sometimes
- Often
- Almost Always

104 How interesting are most courses to you?

- Very interesting & stimulating
- Quite interesting
- Fairly interesting
- Slightly dull
- Very dull

105 How important do you think the things you are learning in school are going to be for your later life?

- Very important
- Quite important
- Fairly important
- Slightly important
- Not important at all

106 DURING THE PAST 4 WEEKS, how many whole school days have you missed because you skipped or "cut"?

- Never
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more days

107 Now, thinking back over THE PAST 12 MONTHS in school, how often did you:

	<i>Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost Always</i>
a. Enjoy being at school?	<input type="radio"/>				
b. Hate being at school?	<input type="radio"/>				
c. Try to do your best work in school?	<input type="radio"/>				

108 Choose the answer that best describes how you feel about the statements below:

	NO!	no	yes	YES!
a. In my school, students have lots of chances to help decide things like class activities and rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are lots of chances for students in my school to talk with a teacher one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers ask me to work on special classroom projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have lots of chances to be part of class discussions or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My teachers notice when I am doing a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The school lets my parents know when I have done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your participation in this survey is voluntary

ADDITIONAL QUESTIONS ABOUT YOUR PEERS

109 Think of your four best friends (the friends you feel closest to).
IN THE PAST 12 MONTHS how many of your best friends have:

	None	1	2	3	4
a. Smoked cigarettes?	<input type="radio"/>				
b. Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>				
c. Used marijuana?	<input type="radio"/>				
d. Used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>				
e. Carried a handgun?	<input type="radio"/>				
f. Been members of a gang?	<input type="radio"/>				
g. Dropped out of school?	<input type="radio"/>				
h. Been suspended from school?	<input type="radio"/>				
i. Sold illegal drugs?	<input type="radio"/>				
j. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>				
k. Been arrested?	<input type="radio"/>				
l. Participated in clubs, organizations, or activities at school?	<input type="radio"/>				
m. Made a commitment to stay drug-free?	<input type="radio"/>				
n. Tried to do well in school?	<input type="radio"/>				
o. Liked school?	<input type="radio"/>				
p. Regularly attended religious services?	<input type="radio"/>				

QUESTIONS ABOUT ADULT INFLUENCES

The next statements are about what might occur outside your school or home, such as in your Neighborhood, Community or with an Adult other than your parents or guardian.

110 Outside my home and school, there is an adult...

Not at All True	A Little True	Pretty Much True	Very Much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. who tells me when I do a good job
- b. who always wants me to do my best

111 At my school, there is a teacher or some other adult:

Not at All True	A Little True	Pretty Much True	Very Much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. who really cares about me
- b. who tells me when I do a good job
- c. who listens to me when I have something to say
- d. who believes that I will be a success

Your participation in this survey is voluntary

Your school or school district may have chosen to add some questions to this survey. The question(s) have been handed out on a separate sheet of paper or written on the blackboard. **Fill in the corresponding answers to those questions here:**



1. A B C D E F J H

2. A B C D E F J H

3. A B C D E F J H

4. A B C D E F J H

5. A B C D E F J H

6. A B C D E F J H

7. A B C D E F J H

8. A B C D E F J H

9. A B C D E F J H

10. A B C D E F J H

11. A B C D E F J H

12. A B C D E F J H

13. A B C D E F J H

14. A B C D E F J H

15. A B C D E F J H

Your participation in this survey is voluntary